## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
Congressional Leadership Fund		
		C C00504530
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Connection Strategy		10 27 2016
Mailing Address P.O. Box 2192	An	mount
City State Zip	Code	19509.45
Arlington VA 222	202 <b>Tr</b> a	ansaction ID : 001 ate of Disbursement or Obligation
Purpose of Expenditure Phone calls	ategory/ Type 004	10 31 2016
Name of Federal Candidate	<b>✗</b> Support Office So	ught: X House District: 03
Yoder, Kevin, , ,		esident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	9509.45 Disburser 2016	ment For:
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Connection Strategy		10 27 2016
Mailing Address P.O. Box 2192	Ar	mount
City State Zip	Code	19509.44
1 '	202 Tra	Insaction ID : 002 ate of Disbursement or Obligation
Purpose of Expenditure	ategory/	M = M / D = D / Y = Y = Y
Phone calls	Type 004	10 31 2016
Name of Federal Candidate	Support Office So	ought:   House District: 03
Sidie, Jay, , ,	X Oppose Pre	esident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disburser 2016	ment For:  Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	39018.89
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBTOTAL OF OFFICE INDEPENDENT EXPENDICITIES		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Crosby, Caleb, , , [Electronically	y Filed] Date 10	28 2016
Signature		